

# PAYROLL AND EMPLOYEE REIMBURSEMENT DIRECT DEPOSIT APPLICATION

SECTION A - TO BE COMPLETED BY EMPLOYEE - PLEASE TYPE OR PRINT USING A BALL POINT PEN. SEE INSTRUCTIONS ON THE REVERSE SIDE OF THE EMPLOYEE COPY.	
TYPE OF ACTION	_
□ NEW □ CHANGE □ CANCEL □ TRANSFER TO C	THER AGENCY TRANSFER FROM ANOTHER AGENCY
SOCIAL SECURITY NUMBER DATE OF BIR	H*
M M I	D C C Y Y
NAME - FIRST MI LAST	
ADDRESS – NUMBER AND STREET*	
CITY*	STATE* ZIP CODE*
TELEPHONE NUMBER*	
*REQUIRED FIELDS ONLY FOR PAY CARD	
CHOICE OF DIRECT DEPOSIT TO:   YOUR BANK ACCOUNT	OR PAY CARD
DIRECT DEPOSIT TO YOUR BANK ACCOUNT	IF SELECTING PAY CARD
TYPE OF ACCOUNT:   CHECKING   SAVINGS	☐ CENTRAL BANK ☐ UMB
-	(deposits) and to initiate, if necessary, debit entries (withdrawals) or
adjustments for any credit entries made in error to my account designated above.  I understand that the Office of Administration may terminate my enrollment in the program if the State is legally obligated to withhold part of my wages for any reason or I no longer meet the eligibility requirements.  I understand as a condition of employment I am to maintain an active account for direct deposit. (1 CSR 10-8.010)  I declare the forgoing to be true and complete to the best of my knowledge. Any misrepresentations or omission of fact may be cause for cancellation and termination of employment for violation of 1 CSR 10-8.010	
SIGNATURE OF STATE EMPLOYEE	DATE
SECTION B - TO BE COMPLETED BY AGENCY	
AGENCY NAME, NUMBER AND ORG CODE	ESMT/HIRE DATE FOR NEW OR TRANSFERS
SIGNATURE OF AUTHORIZED AGENCY REPRESENTATIVE	AGENCY TELEPHONE NUMBER/EXTENSION DATE

#### INSTRUCTIONS FOR PAYROLL AND EMPLOYEE REIMBURSEMENT DIRECT DEPOSIT APPLICATION

Fill in the appropriate boxes as described below.

#### SECTION A: TO BE COMPLETED BY EMPLOYEE

#### TYPE OF ACTION - Check the appropriate box

- NEW select for new enrollment or re-enrollment after cancellation
- CHANGE select to change type of account, financial institution or branch routing number, or depositor account number
- CANCEL select to cancel direct deposit
- Transfer TO or FROM another Agency select for Transfers within State government agencies

**SOCIAL SECURITY NUMBER** Enter 9 digit number.

**DATE OF BIRTH\*** Enter two digit month, two digit day, and four digit year.

**NAME** Enter full name.

ADDRESS\* Enter mailing address - When selecting Paycard, this is the address where the card will be mailed to.

CITY, STATE, ZIP CODE\* Enter your city, state, and zip code for the street address

TELEPHONE NUMBER\* Enter your telephone number including area code

\*REQUIRED ONLY FOR PAYCARD

## CHECK THE APPROPRIATE BOX FOR DIRECT DEPOSIT DESIGNATION

Bank Account or Paycard

#### **DIRECT DEPOSIT TO BANK ACCOUNT**

Select type of Account - Checking or Savings

Enter name of Financial Institution

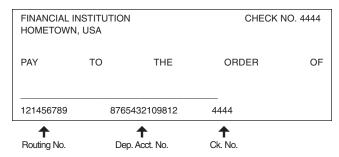
Enter telephone number of the Financial Institution

Routing Number - Your financial institution's routing number is printed on the bottom left hand portion of your personal checks (the first 9 digits). See examples 1 and 2 below.

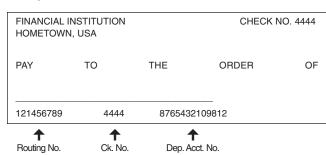
Depositor Account Number - Your depositor account number is printed on the bottom of your personal checks following the routing number. It may be the first series of digits after the routing number followed by your check number (example 1), or it may be the series of digits which follow your check number (example 2).

NOTE: Check number is not included in the depositor account number.

## Example 1



## Example 2



Credit Unions and savings and loan associations may differ from the above examples. Please verify your depositor account number and electronic routing number with your financial institution.

Attach a voided personal check or signed bank verification to the application form. This is necessary to verify your depositor account number, electronic routing number, and financial institution. We do not accept counter or starter checks. Deposit slips are not acceptable, since it may only contain an internal routing number and not the Federal Reserve routing number necessary for direct deposit.

Forward completed form with voided personal check or signed bank verification to your personnel/payroll office.

#### IF SELECTING PAYCARD

Check the appropriate box for the financial institution you have selected.

Review the Paycard Merchant information

Initial this section

#### SIGN AND DATE APPLICATION

## CHANGE FINANCIAL INSTITUTION OR DEPOSITOR ACCOUNT

Direct Deposits will continue to be deposited into your designated account at your financial institution until the Office of Administration is notified that you wish to redesignate your account and/or your financial institution. To redesignate, complete and submit a new Direct Deposit Application with the new information and forward to your agency personnel/payroll office. PLEASE DO NOT CLOSE AN OLD ACCOUNT UNTIL THE FIRST PAYMENT IS DEPOSITED IN TO YOUR NEW ACCOUNT.

# **PREPAID CARDS**

We do not accept debit or credit card accounts that do not provide us the legal recourse to recover payments paid in error.

SECTION B: AGENCY MUST COMPLETE IN ITS ENTIRETY.